



COUNTY OF ERIE

MARK POLONCARZ

COUNTY EXECUTIVE

COVID-19 Vaccine Request Form

Date: _____

Type of Vaccine Requested: _____ Number of Vials Requested: _____

*Please keep in mind the beyond use dates when requesting vaccines: Unpunctured Moderna vials must be used within 30 days after thawing / Unpunctured Pfizer vials must be used within 31 days after thawing

Do you need ancillary supplies: YES / NO – if so please circle or highlight requested items below

- Vaccination Cards
- Needles/Syringes
- Diluent (Pfizer vaccine only)
- Patient Questionnaires
- Vaccine Information Sheets (VIS)

Tentative Date/Time you would like to pick up: _____

Requested doses are being used for:

1st dose _____ 2nd dose _____ Combination 1st/2nd _____

CONTACT INFORMATION

Agency Name:	
Address:	
Point of Contact Name:	
Point of Contact Phone Number:	
Point of Contact Email Address:	
NYSIIS Number:	

Please email completed form back to:

Melissa Calhoun - Melissa.Calhoun@erie.gov and Sarah Hopseker - Sarah.Hopseker@erie.gov